DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services DDE-9318 (01/2007)

STATE OF WISCONSIN

COP-M/2 (YR 1+) Wis. Stats. 46.27

CONTINUING FINANCIAL ELIGIBILITY DETERMINATION WORKSHEET FOR MARRIED PARTICIPANTS - BOTH ON COP

Community Options Program (COP)

In order to comply with the Waiver mandate, COP 100% State funded married applicants/participants should be screened yearly for

	does not apply, this Worksheet should be used when this is a yearly review and bot			
Name – Spouse 1 Dat				
Name – Spouse 2 Date				
If the indisplay Share W COP Final State Su Medicaid Check will find his/her	LITY BASED ON SIX-MONTH RESOURCE ESTIMATE ividual is categorically eligible for Medicaid, the individual has no cost-share. Enter z orksheet #1. Exception: for individuals who live in substitute care, determine cost-shancial Eligibility Forms Guide). Categorical eligibility means that the person is eligible pplement, SSI-related programs, SSI-E or any other full benefit Medicaid (except Material, e.g., AFDC or AFDC related). SSI-related cases include those situations such as ith Economic Support to determine if the person is covered by any of these programs income and assets are low enough to meet eligibility criteria for any full benefit Medicare) but they do not currently participate.	nare using appropres for one of the followard of the foll	iate worksheet (see owing: SSI and/or SSI RE and Family Related Vidow Widower cases. so categorically eligible	
	CALCULATION 1: DETERMINE ASSET ALLOWANCE FOR er total asset amount listed on the Declaration of Income and Assets and State Residuence.			
2. Subt	B-10). tract \$4000 (= 2000 individual allowance for each participant spouse) from amount o It here (if the result is a negative number enter zero). This is the amount of total cou participants. On line 17, each spouse is allocated half of this amount.		Minus 4000.00	
-	CALCULATION 2: COUNTABLE INCOME			
		Spouse 1	Spouse 2	
3. Ente	er monthly Gross Earned Income from COP-DIA.			
4. Enter \$65. If both spouses have earned income, each spouse can claim the deduction.		Minus 65	Minus 65	
5. Subtract line 4 from line 3. Enter result.		=	=	
6. Divide amount on line 5 in half. Enter here.				
7. Enter monthly Unearned Income from COP-DIA.				
8. Add line 6 and line 7. Enter result.			=	
9. Enter out-of-pocket impairment related work expenses from COP-DIA.				
10. Subt	tract line 9 from line 8. Enter result. This is the countable income.	=	=	
	CALCULATION 3: DEDUCTIONS FROM COUNTABLE INCOME TO DETE (Obtain court-ordered and medically related expenses from			
		Spouse 1	Spouse 2	
	11. Enter participant(s) total court ordered expenses.			
	12. Enter amount of <u>out of pocket</u> average for medically related expenses.	+	+	
	13. Add lines 11 and 12. Enter result.	=	=	
	14. Subtract amount on line 13 from amount on line 10. This is the NET COUNTABLE INCOME .			

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CALCULATION 4: AMOUNT OF COUNTABLE RESOURCES TO DETERMINE ELIGIBILITY			
	Spouse 1	Spouse 2	
15. Bring forward amount from line 14.			
16. Multiply number on line 15 by 6. Enter result.	x 6	x 6	
	=	=	
17. Enter ½ of countable assets from line 2 for each applicant spouse.	+	+	
18. Add lines 16 and 17. Enter result. This is the amount of COUNTABLE RESOURCES used to determine if each spouse is eligible.	=	=	

Spouse 1: ☐ Yes—Applicant is eligible for COP

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Spouse 2: ☐ Yes—Applicant is eligible for COP.	☐ No—Applicant is not eligible for COP.

If the participants are not eligible for COP, the agency may be aware of other factors that might make the person(s) eligible for Medicaid in six months if in the nursing home (i.e., costly private pay rate, therapies, medications, etc.) The relevant factors must be documented in the case file.

☐ No—Applicant is not eligible for COP

If the participants are eligible for COP, determine the cost-share liability by choosing the appropriate COP Cost-share Worksheet (See **Financial Eligibility and Cost-Share Worksheets Guide**).